U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Off	icial	Use	e Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

5. Position in labor organization.  **Business** Manager* / Financial Secretary* / Trustee**  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
3. Name and address of person filing.  Name Kris L Shangle  P.O. Box, Bidg., Room No., if any P.O. Box Los 47  Street Loto Organization File Number Labor Organization.  Name Local 85 Pension • Insurance Labor Organization File Number Labor Value from Substitute File File File File File File File Fil	1. File Number U - 1099 5	2. Fiscal Year Covered From:		
Name Kris L Shangle  Name Local \$5 Pension • Insurance Labor Organization File Number Office Street Labor Organization Number, if any P.O. Box Labor Organization File Number Office Street Labor Organization Street Number Office Street Labor Organization St		OI / QI / 2004 Through: 12 / 31 / 2004		
P.O. Box, Bidg., Room No., if any P.O. Box (4547)  Street (6105 Weiss St. Street (405 Weiss St. Street (405 Weiss St. Street (405 Weiss St. Street (405 Weiss St. State Michigan ZIP Code + 4 48608 State Michigan	3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
P.O. Box, Bidg., Room No., If any P.O. Box 6547  Street 6105 Weiss St.  City Saginaw  State Michigan ZIP Code + 4 4 9 6 08  5. Position in labor organization.  Business Manager / Financial Secretary / Trustec.  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name Kris L Shangle	Name Local 85 Pension & Insurance		
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State Nichigan ZIP Code +4 4 8 6 08 State Michigan ZIP Code +4 4 8 6 08  5. Postition in labor organization.  Business Manager / Financial Secretary / Trustee.  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Street 6705 Weiss St.	Street 6705 Weiss 34.		
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P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name	Capper Ca		
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Signed Duis Man On 8-15-05 989-799-5261	submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)		

Date

Telephone Number

Name of Person Filing Kris Shangle	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name Local Union 85  Trade Name, if any: Plumbers & Steamfitters  P.O. Box, Bldg., Room No., if any POBox 6547  Street 6705 Weiss St.  City Saginaw  State Michigan ZIP Code + 4 418608	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Local 85 Pension & Insurance Trade Name, if any: Plumbers & Steamfitters P.O. Box, Bldg., Room No., if any P.O. Box 6547	International Foundation 51st Annual Conference				
Street 6705 Weiss St.	11.b. Approximate dollar value of such dealing.				
City Saginaw	12.a. Nature of interest held or income received.				
State Michigan ZIP Code + 4 48608	Conference and Hotel	Registration Fee Deposit			
	12.b. Amount.	1310.00			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		December and the Control of the Cont			
	or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name					
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